

Family Shelter Child Record Check Sheet

Child Name _____ Resident Parent/Guardian Name _____

Admission Documentation	Initials
Admission MIS Form	
Child Admission Form	
Consent for the Release of Confidential Alcohol or Drug Treatment Information OR Authorization / Denial to Obtain or Release Information and Records (when applicable)	
Kids Rules OR Teenage Policy	
Guidelines Regarding Sick Children	
Documentation of a physical examination (which includes copy of TB Test)	
Biopsychosocial Assessment (from outpatient provider)	

Service Provision Documentation	Initials
Weekly Child Case Review	
Medical Encounter Form	
Children's Referral for Outside Services	

Discharge Documentation	Initials
Discharge MIS	

Auditor

Date	
signature	



Developed By: FAMILY SHELTER MODEL RECORD TEAM

Sponsored by the Department of Public Health, Bureau of Substance Abuse Services
Facilitated by The Quality Improvement Collaborative